

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000045189

1. Entity Name
SUNCATCHER UNLIMITED INC.



FILED

05 SEP 15 AM 11:27

SECRETARY OF STATE
TALLAHASSEE, FL 32301
50066868

Principal Place of Business
33 TIDY ISLAND BOULEVARD
BRADENTON, FL 34210-3302

Mailing Address
33 TIDY ISLAND BOULEVARD
BRADENTON, FL 34210-3302

2. Principal Place of Business
1105 EDGEWATER CIR.
3. Mailing Address
1105 EDGEWATER CIR.



07072005 Chg-P CR2E034 (10/03)

City & State
BRADENTON, FL

City & State
BRADENTON, FL

4. FEI Number
43-2045473

Applied For
Not Applicable

Zip
34209

Country
MANATEE

Zip
34209

Country
MANATEE

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LYONS, CHERYL
33 TIDY ISLAND BOULEVARD
BRADENTON, FL 34210-3302

Name
LYONS, CHERYL

Street Address (P.O. Box Number is Not Acceptable)
1105 EDGEWATER CIRCLE

City
BRADENTON

FL

Zip Code
34209

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9/8/05

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
D LYONS, CHERYL ☐ Delete
STREET ADDRESS
33 TIDY ISLAND BOULEVARD
CITY-ST-ZIP
BRADENTON, FL 342103302

TITLE
NAME
D LYONS, CHERYL ☒ Change ☐ Addition
STREET ADDRESS
1105 EDGEWATER CIRCLE
CITY-ST-ZIP
BRADENTON, FL 34209

TITLE
NAME
D WEISSMAN, CAROLE ☒ Delete
STREET ADDRESS
33 TIDY ISLAND BOULEVARD
CITY-ST-ZIP
BRADENTON, FL 342103302

TITLE
NAME
200059787032 ☐ Change ☐ Addition
STREET ADDRESS
09/20/05--01040--022 ***158.75
CITY-ST-ZIP

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHERYL C LYONS

9/8/05

631/379-7556